

Please type a plus sign (+) inside the box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION — Utility or Design Patent Application

All correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 		<input type="checkbox"/> Correspondence address below
08698 PATENT TRADEMARK OFFICE		
Name		
Address		
Address		
City		State
Country	Telephone	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.		
NAME OF SOLE OR FIRST INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle [if any]) Richard		Family Name or Surname Sayre
Inventor's Signature	Date Feb 1, 2001	
Residence: City Worthington	State Ohio	Country USA
Mailing Address 528 Park Boulevard		
Mailing Address		
City Worthington	State Ohio	ZIP 43085
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle [if any]) Richard		Family Name or Surname Wagner
Inventor's Signature	Date 3-27-01	
Residence: City	State	Country
Mailing Address		
Mailing Address		
City	State	ZIP
Country		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.		